### Form **990**

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	ror the	2022 calend	dar year, or tax year beginning , 2022, and ending		, 20							
В	Check if	applicable:	C Name of organization Needful Provision, Inc.	D Empl	oyer identification number							
П	Address	change	Doing business as Same or NPI		-0433956							
$\overline{\Box}$	Name ch		Number and street (or P.O. box if mail is not delivered to street address)  Room/suite		hone number							
H	Initial retu		25337-A Ruad T.5 N/A	1-9	18-860-7090							
$\exists$		n/terminated	City or town, state or province, country, and ZIP or foreign postal code	1 1	10 000 1010							
	Amended		Dolores, co 81323-9208 USA	<b>G</b> Gross	s receipts \$ N/A							
	Application	on pending			or subordinates? 🔲 Yes 🔀 No							
-			David A. Nurrie Dolores, co 81323 H(b) An	e all subordinat	tes included? Ves No							
	Tax-exen	npt status:	<b>X</b> 501(c)(3)	No," attach a l	ist. See instructions.							
J	Website:			oup exemption	number							
K	Form of o	rganization: 🛚	Corporation Trust Association Other L Year of formation: 199	5 M State	of legal domicile: NM, CC							
Р	art l	Summa	ry									
	1	Briefly des	cribe the organization's mission or most significant activities:									
ė		Tests, demonstrates, and teaches throwative agricult										
au	1	TON	inologies to improve food securiti	1 . \ \ \ \	reldwide.							
ern	2	Check this	box if the organization discontinued its operations or disposed of more that	an 25% of it	e net aggets							
ò			voting members of the governing body (Part VI, line 1a)		5							
~			independent voting members of the governing body (Part VI, line 1b)		1							
es			per of individuals employed in calendar year 2022 (Part V, line 2a)		0							
Activities & Governance			per of volunteers (estimate if necessary)		37							
Act			ated business revenue from Part VIII, column (C), line 12		36							
•			ted business taxable income from Form 990-T, Part I, line 11		0							
-	D D	ivet unreia										
		Contributio		r Year	Current Year							
ne				1400	257, 900							
Revenue			ervice revenue (Part VIII, line 2g)	0	٥							
Re			t income (Part VIII, column (A), lines 3, 4, and 7d)	0	0							
			nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	٥	0							
_	N THE STATE OF THE		nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		257,900							
	1		d similar amounts paid (Part IX, column (A), lines 1–3)	0	· ·							
			aid to or for members (Part IX, column (A), line 4)	0	0							
es			her compensation, employee benefits (Part IX, column (A), lines 5-10)	ථ								
Expenses	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)	O	8							
χbε	b	Total fundr	raising expenses (Part IX, column (D), line 25)	0	0							
ш	17	Other expe	enses (Part IX, column (A), lines 11a-11d, 11f-24e)	,100	255,300							
	18	Total expe	nses. Add lines 13-17 (must equal Part IX, column (A), line 25) . 279	,100	355,300							
	19	Revenue le	ess expenses. Subtract line 18 from line 12	1.300	2,600							
or Ces			Beginning o	f'Current Year	End of Year							
Net Assets or Fund Balances	20	Total asset	ts (Part X, line 16)	7,382	2,349,982							
A B	21	Total liabili	ties (Part X, line 26)	0	0							
훈	22	Net assets	or fund balances. Subtract line 21 from line 20	7,382	2,349,982							
Pa	art II	Signatu	re Block									
Un	der penal		, I declare that I have examined this return, including accompanying schedules and statements, and	to the best of	my knowledge and belief, it is							
tru	e, correct,	and complet	e. Declaration of preparer (other than officer) is based on all information of which preparer has any kr	owledge.	,							
		T	and a Mittle	05/	08/2023							
Sig	gn	Signature of	officer	Date								
	ere	t	David A. Nuttle, President									
		Type or print	name and title									
		1	preparer's name Preparer's signature Date		if PTIN							
Pa			Date Date	Check self-em	└─ "							
	epare	Circumstan and a			pioysu							
Us	e Only	/ Firm's nan		Firm's EIN								
1/1-	V the ID	Firm's add		Phone no.								
ivid	y the IR	o discuss i	this return with the preparer shown above? See instructions		· Yes No							

Form	990	(2022)	

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art	Statement of Program Service Accomplishments	Page 2
	Check if Schedule O contains a response or note to any line in this Part III	. 🖾
1	Briefly describe the organization's mission:  During 2022, NPI focused on the following: 1) Testing of large-scale trench pyrolysis for converting insect	
	killed timber to a biochar soil additive; 2) Pre-manufacturing engineering for innovations in an advanced	
	automated greenhouse; and 3) Development and writing of unique entrepreneurship and leadership	p
2	Did the organization undertake any significant program services during the year which were not listed on the	Stude
	prior Form 990 or 990-EZ?  If "Yes." describe these new services on Schedule O.	□No
	Did the organization cease conducting, or make significant changes in how it conducts any progress	
	services?	⊠No
	Describe the organization's program service accomplishments for each of its three largest program services, as measurements. Section 501(c)(2) and 501(c)(4) constitutions.	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	others,
3	(Code: A ZZ) (Expenses \$ /37, 000 including grants of \$ ) (Revenue \$	)
	To assist in reducing forest fires while helping forers 8, reaches and the same of the sam	
	To assist in reducing forest fires while helping farers & ranchers greatly improve soil fertility using a biochar soil additive, a large-scale trench pyrolysis means was perfected for converting insect-killed	a
	timber into biochar for use as a soil additive. A biochar farm implement was also developed to help	d
	incorporate this biochar into large areas of farmland & pastures.	0
T		
10		
72		
	(Co. L. 72.22 V.F	
)	(Code: B 22) (Expenses \$ 111,000 including grants of \$) (Revenue \$)	)
n	mprovements to NPI's all-season greenhouse were made by pre-engineering systems for automation, olar-zeolite cooling, supplemental solar heating, alternative energy systems, drip-irrigation, water nanagement, biosecurity, insect & disease controls, grow-bed improvements, and incorporation of iochar into grow-bed soils to increase crop yields.	••••••
-	Code: C 2.Z ) (Expenses \$ 7,300 including grants of \$ ) (Revenue \$ )	
ir	dvanced entrepreneurship and leadership training manuals were created, perfected, and published for instruction of high school students and others, worldwide. Initial testing and evaluation of subject astruction was done at SW Open School in Co. 1. 20 June 1987.	
1	nstruction was done at SW Open School, in Cortez, Colorado.	
		••••••
	other program services (Describe on Schedule O.)	*******
(1	expenses \$ N/A including grants of \$ N/A ) (Revenue \$ 5 )  otal program service expenses 2.55.7.0.0	

Part	IV Checklist of Required Schedules			uge •
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Х	
0	complete Schedule A	1	^	1
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	-	X
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	KENYELINA	Х
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Y
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Y
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
ь 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II.	20b		×

Part	V Checklist of Required Schedules (continued)			rage =
22	Did the exception report require the CF 000 of except and the CF 000 of except and the control of the control o		Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		7
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		×
	to defease any tax-exempt bonds?	24c		×
d 25 o	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):	0		×
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	00-	Servi	×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		×
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O			×
Part	V Statements Regarding Other IRS Filings and Tax Compliance	38		
-	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a		162	140
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	(5)(61) (1)(4)(4)		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	The Control	×				
3a	The state of the s							
b	in the same of the same your in the see into ob, provide an explanation on deflective of the							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			×				
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		/				
b	If "Yes," enter the name of the foreign country		01.024					
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	STATE OF		NE AVA				
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×				
C	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		X				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c	-					
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		X				
7	Organizations that may receive deductible contributions under section 170(c).	OU	67550	90E9				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		(%) J	130				
	and services provided to the payor?	7a	NOGRESIST	X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		×				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		×				
d	If "Yes," indicate the number of Forms 8282 filed during the year		U.L.					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	×	×				
g	e e e e e e e e e e e e e e e e e e e							
h 8	and the organization life at offin 1000-0;							
Ŭ	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.	8	7,201	X				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		×				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		×				
10	Section 501(c)(7) organizations. Enter:		STATE	alve de				
а	Initiation fees and capital contributions included on Part VIII, line 12			100				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		200					
11	Section 501(c)(12) organizations. Enter:							
a	Gross income from members or shareholders							
D	Gross income from other sources. (Do not net amounts due or paid to other sources	100						
100	against amounts due or received from them.)	開始						
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	52.15 90	33,00				
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.		MEST					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	3 14					
	Note: See the instructions for additional information the organization must report on Schedule O.	100	VA 1 2	ADIE:				
b	Enter the amount of reserves the organization is required to maintain by the states in which		(EX)					
	the organization is licensed to issue qualified health plans		RE					
C	Enter the amount of reserves on hand		1030	200				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			×				
	excess parachute payment(s) during the year?	15		^				
16	If "Yes," see the instructions and file Form 4720, Schedule N.	2000	1000					
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	CONT.	X				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	200	214	STORES!				
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17						
	If "Yes," complete Form 6069.	E TO		E338				

Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See in	for a	ctions.
Sect	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		Yes	No
b 2	Enter the number of voting members included on line 1a, above, who are independent .  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Х
<ul> <li>Did the organization delegate control over management duties customarily performed by or under the directors supervision of officers, directors, trustees, or key employees to a management company or other person?</li> <li>Did the organization make any significant changes to its governing documents since the prior Form 990 was file.</li> </ul>				X
5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint	4 5 6		×
b	one or more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7a 7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b 9	The governing body?	8a 8b	X	×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
100	Did the executantian based of the state of t		Yes	_
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		×
11a b 12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe on Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	11a 12a 12b	××××	
13 14 15	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	12c 13 14	×	
a b 16a	The organization's CEO, Executive Director, or top management official	15a 15b	×	
b	with a taxable entity during the year?	16a		×
Secti	on C. Disclosure	16b		Щ_
17 18	List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  Upon request  Other (explain on Schedule O)	(sect	tion 5	 501(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year. (Posted on NPI's webs	e i t	e )	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and red	ords.		45

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rom	990	120221

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees	, and
	Independent Contractors	•

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list Check this box if neither the organization nor				atio	n c	ompe	nsa	ted any current	officer director	or trustee
	uny rolato	Jong	ul IIZ		2)	ompe	. 130	any current	omoer, unector,	oi irusiee.
(A) Name and title	(B) Average hours	box,	unles	ieck is pe	rson	e than e is both or/trus	an	( <b>D)</b> Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
None compensated (zer volunteers)	per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	_	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1)	espansor rest									
(2)			1							
(3)		,	/						200000000000000000000000000000000000000	
(4)		/								
(5)	/									
(6)										
(7)										
(8)									)	
(9)										
(10)								/		
(11)								(		
(12)										
(13)										1
(14)										

Part	VII Section A. Officers, Directors, 7	rustees,	Key I	Emp	plo	yee	s, an	d H	lighest Compe	ensated Emplo	yees (continued)
<b>(A)</b> Name and title		(B) Average hours per week	box,	unles	Pos neck ss pe	rson	e than o is both or/trust	an	( <b>D)</b> Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
1	Vone compensated (all volunteers)	(list any hours for related organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
		below dotted line)	rustee	l trustee		уее	mpensated				
(15)											
(16)											
(17)				-	_	-	_	/			
(18)											
(19)											
(20)									/		
(21)								7			
(22)											
(23)	•••••										
(24)											
(25)											
1b c	Subtotal			*	*						
d	Total (add lines 1b and 1c)	not limited	to th	ose	list	ed	above	•) w	ho received mor	e than \$100,000	of
	reportable compensation from the organi				_	-		_			Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete S	Schedule J	for su	ıch.	indi	vid	ıal				3 X
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of reparter that	portal an \$1	ole ( 50,	com 000	iper 1? //	nsatio f "Yes	n ai s,"	nd other comper complete Sched	nsation from the dule J for sucl	7
5	Did any person listed on line 1a receive of for services rendered to the organization?	r accrue co	· · omper	nsat e <i>te</i>	ion Sch	from	n any ule .1 f	uni		tion or individua	The second second
Secti	on B. Independent Contractors										5   X
1	Complete this table for your five high compensation from the organization. Repo	est compe ort compen	ensate sation	d in for	the	per ca	ndent lendai	co yea	ntractors that r ar ending with or	eceived more within the orga	than \$100,000 of nization's tax year.
	(A) Name and business address								(B) Description of serv	vices	(C) Compensation
	None					-					
2	Total number of independent contractor received more than \$100,000 of compensations.	rs (includir	ng bu	t no	ot I	imit on			ose listed abov	e) who	

Par	TVIII	Statement of Revenue		and the second			
		Check if Schedule O contains a respo	nse or note to ar				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Its,	1a	Federated campaigns 1a		A STATE OF THE STA			
ran	b	Membership dues 1b					
G, E	С	Fundraising events 1c					
ar /	d	Related organizations 1d				92.03 March 10.00	
B, E	e	Government grants (contributions) 1e					
e is	f	All other contributions, gifts, grants, and similar amounts not included above					
Contributions, Gifts, Grants, and Other Similar Amounts	"	Noncash contributions included in	-				
i ţ	g		\$ 257,900				
Sor	h	Total. Add lines 1a–1f	\$ A.J. 1, 100	257,900			
=		Total Add lines 12 41	Business Code	5-00 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )			
9	2a		Eddinos code	WITH SERVICE SHOW			
ه چَ	Ι.	***************************************	-				
gram Ser Revenue	C	55555555555555555555555555555555555555	-				
am	d	***************************************					
Program Service Revenue	e						
چ	f	All other program service revenue			248		
	9	Total. Add lines 2a–2f	* * * * * *	0			
	3	Investment income (including dividend	ds, interest, and				
		other similar amounts)		0			
	4   5	Income from investment of tax-exempt b Royalties		0			
	"	Royalties	(ii) Personal	Ó		HERYNIN BURNES	The Market Area of the
	6a	Gross rents 6a	(ii) i ersoriai				
	b	Less: rental expenses 6b					august and
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0		100000000000000000000000000000000000000	A STATE OF THE PARTY OF T
	7a	Gross amount from (i) Securities	(ii) Other				Contract of the second
		sales of assets					
	١	other than inventory 7a					
Revenue	b	Less: cost or other basis					
ver		and sales expenses . 7b				SAME SAME	
æ	C	Gain or (loss)	0	0			
Ę	d	Net gain or (loss)	<del> </del>	CANAL WALLSCOOL		(10 Marie 1997)	
Othe	8a	Gross income from fundraising events (not including \$					
		of contributions reported on line					DESTRUCTION OF THE
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	c	Net income or (loss) from fundraising even	ents	0	STATE OF		
	9a	Gross income from gaming					Market State of the State of th
		activities. See Part IV, line 19 . 9a					
	b	Less: direct expenses 9b					
	100	Net income or (loss) from gaming activiti	es	0			W-119 (TO
	IVa	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold 10a					Manual St
	c	Net income or (loss) from sales of invent		O	CONTROL OF THE PROPERTY.		
S		The second of th	Business Code		Z S Meen Swin	844 32 polytopol	POR HOUSE ST
Miscellaneous Revenue	11a		1000			and the second of the second	De 0. 10/12/2019
ane	ь		81				
scellaneo Revenue	С						
Ais.	d	All other revenue					
	e	Total Add lines 11a-11d					
	7.7	LOTAL POVODIJO COO impetulations		THE STATE OF THE PARTY OF THE P			

Sectio	on 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All	other organizations	must complete colu	mn (A).
	Check if Schedule O contains a response	or note to any line	in this Part IX .		* * * * *
8b, 9l	of include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	<b>(B</b> ) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	O			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	255,360			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	O			
4	Benefits paid to or for members	0		Market Company	6.0% [5.00.5]
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	٥			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	٥			
9	Other employee benefits	٥			
10	Payroll taxes	0			
11	Fees for services (nonemployees):	0			
а	Management				
b	Legal	Ø			***
C	Accounting	0			
d	Lobbying	0		continues and a committee	
e	Professional fundraising services. See Part IV, line 17	0			
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	0			
9	(A), amount, list line 11g expenses on Schedule O.) .	٥			
12	Advertising and promotion	Q			
13	Office expenses	0			
14	Information technology	O			
15	Royalties	0			
16	Occupancy	٥			
17	Travel	Ø.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	O			
19	Conferences, conventions, and meetings .	9			
20	Interest	Ó			
21	Payments to affiliates	٥			
22	Depreciation, depletion, and amortization	٥			
23	Insurance	٥			

	foreign individuals. See Part IV, lines 15 and 16	O		
4	Benefits paid to or for members	0		PERCENTAGE OF THE PE
5	Compensation of current officers, directors, trustees, and key employees	0		
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0		
7	Other salaries and wages	0		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	٥		
9	Other employee benefits	٥		
0	Payroll taxes	0		
1	Fees for services (nonemployees):	O		
a	Management			
b	Legal	0		
C	Accounting	0		100000000000000000000000000000000000000
d	Lobbying	0		
е	Professional fundraising services. See Part IV, line 17	٥	SE-535 4	
f	Investment management fees	0		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) .	۵		
2	Advertising and promotion	O		
3	Office expenses	Ø		
4	Information technology	Ø		
5	Royalties	0		
6	Occupancy	٥		
7 8	Travel	Φ		
	Payments of travel or entertainment expenses for any federal, state, or local public officials	O		
9	Conferences, conventions, and meetings .	ව		
0	Interest	ර ර		
1	Payments to affiliates	٥		
2	Depreciation, depletion, and amortization .	٥		
3	Insurance	٥		
4	Other expenses. Itemize expenses not covered			
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column			
	(A), amount, list line 24e expenses on Schedule O.)			
_	(7), amount, list line 246 expenses on Schedule O.)			Carlo New States
a				
b	***************************************			
q				
d	All other avantage			
e	All other expenses  Total functional expenses. Add lines 1 through 24e	255, 300		
6	Joint costs. Complete this line only if the	0/22,500		 
-	organization reported in column (B) joint costs			
	from a combined educational campaign and			
	fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)			

_		Check if Schedule O contains a response or note to any line in this Pa	rt X		🗆
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	2,300	1	3,600
	2	Savings and temporary cash investments	ð	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	E	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		5	。 第5章 第6章 第6章
(D	7		0	6	0
iet	8	Notes and loans receivable, net	0	7	0
Assets	9	Inventories for sale or use	0	8	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		9	
	b	Less: accumulated depreciation 10b	0	10c	Ö
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	Ö
	13	Investments - program-related. See Part IV, line 11	0	13	Ö
	14	Intangible assets	2,345,382	14	2,349,982
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,347,382	16	2,349,982
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
- N	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			
ia	22		0	22	8
_	23 24	Secured mortgages and notes payable to unrelated third parties	0	23	<u> </u>
	25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	24	0
	26	T-1-18-1-200	0	25	0
nces	20	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	3	26	0
ala	27	Net assets without donor restrictions		27	
H B	28	Net assets with donor restrictions		28	
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
20	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds .		31	
et	32	Total net assets or fund balances	2,347,382	32	2,349,982
Z	33	Total liabilities and net assets/fund balances		33	

Form	ggn	(2022)
FULLI	220	120221

Page **12** 

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	78 X*	18 18	
1	Total revenue (must equal Part VIII, column (A), line 12)	253	7.9	00
2	Total expenses (must equal Part IX, column (A), line 25)	255	5. 3	OD
3	Revenue less expenses. Subtract line 2 from line 1	ó	-	00
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2.	340	7. 9	182
5	Net unrealized gains (losses) on investments		-	
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))			
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	× 3		
			Yes	No
1	Accounting method used to prepare the Form 990: 🔀 Cash 🔲 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.	Esp		
_		18500	Serio A	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		0.72	Seule 2
	reviewed on a separate basis, consolidated basis, or both:		5.49	
	Separate basis Consolidated basis Both consolidated and separate basis	DE LA		
g	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		1	
				0.53
С	Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	1		iprility.
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			X
	If the organization changed either its oversight process or selection process during the tax year, explain on	2c	and the st	(63 1.33
	Schedule O.		37.10	19 378
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	0.47	12000	2 17
Oli	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3a		
~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b		
	, atopo takon to undergo such addits .		990	<b></b>
		Forn	n <b>44</b> ()	いいいつり

### **SCHEDULE O** (Form 990)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Go to www.irs.gov/Form990 for the latest information.

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization Needful Provision, Inc.

Employer identification number 85-0433956

1). Needful Provision, Inc. (NPI) a 501(c)3 charity founded 12 June 1995, is and always has been an all-volunteer organization. No salaries or
other compensations and or benifits are paid to officers, Directors, volunteers, and or participants (NPI has no employees.)
2). This 2021 form 990 was reviewed by all NPI Directors before filling and is posted for all intersted parties to see on NPI's website
www.needfulprovision.org). Current and fully detailed financial and project information details are also posted on this website.
3). NPI maintains written records of all it's officers and Directors mettings.
4). Previously received donated intellectual property (IP) was reported by NPI on IRS Form 8899 as required by IRS.
5) NPI's IRS Form 1023 is posted NPI'S above said website
6). No funds were expended for fundraising at any time to include 2022 and before. NPI's primary focus on distance education for
disadvantaged populations is not costlyand regular donors provide needed funds with volunteers doing needed work at no cost to NPI.
7). NPI's avidence of distance education efforts may be seen on NPI's website (indentified above). Further evidence of similar distance
education is shown via NPI's Innovative eBook entitledd "Entrepreneurship Training Manual for Developing Populations," (Copyright Reg.
NO. Tx8-512 268).
8). Schedule 8 for Contributors is classified and not presented. NPI provides critical support for U.S. National support projects in areas of
major armed conflict overseas. If names and addresses of NPPs were to become a malter of public record via IRS Form 990 Schedule B.
they could become targets of assassination by the Taliban, Islamic State, al-Quaeda, al Shabash and other terrorist organizations.
9). Schedule J for Compensation is not presented because NPI pays no compensation to any person, persons, or entity.
10). Under NPI's educational charter, NPI has added instruction in civic action techniques & technologies as a new program area. Such
training will typically be provided to the U.S. military personnel as well as some police and military units from developing nations. Civic
action is a means to engage security forces in the assistance or relief of disavantaged populations under armed attack.
***************************************
1

# SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Needful Provision, Inc. 85-0433956 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is; (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see above (see instructions)) instructions) instructions) None Yes No (A) (B) (C) (D)

(E) Total

	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	on A. Public Support	quality ariot	or the tests he	sted below, p	icase compi	oto i art iii.j	
	idar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					.,,	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		/				
6	Public support. Subtract line 5 from line 4		and the second				
	on B. Total Support			V————			
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4						
	rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc					12	
13	First 5 years. If the Form 990 is for the						n 501(c)(3)
Conti	organization, check this box and stop he on C. Computation of Public Support			* * * * *			<
				44   (0)		1441	$\rightarrow$
14 15	Public support percentage for 2022 (line Public support percentage from 2021 Sci					14	%
16a	331/3% support test—2022. If the organ			 v on line 13 a	nd line 14 is 3	15 31/2% or more	check this
. • •	box and <b>stop here</b> . The organization qua						CHECK THIS
b	33½% support test—2021. If the organithis box and stop here. The organization	zation did not	check a box o	on line 13 or 16		is 33½% or m	ore, check
17a	10%-facts-and-circumstances test—2010% or more, and if the organization metal Part VI how the organization meets the organization	eets the facts	-and-circumst	ances test, ch	eck this box	and <mark>stop here</mark> .	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa	acts-and-circu	mstances test	, check this bo	ox and stop he	re. Explain
18	Private foundation. If the organization instructions	did not check	a box on line	13, 16a, 16b	, 17a, or 17b	, check this bo	ox and see

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees	221/74	251 200	707 044	701 1100	257 000	1,309,100
_	received. (Do not include any "unusual grants.")	624,400	251,360	293,800	281,400	00 1,700	1,307,100
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the					8	
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						,
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	224,700	251,300	293,800	281,400	257,900	1,309,100
7a	Amounts included on lines 1, 2, and 3		,				1
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from					STATES NO	<u>-</u>
	line 6.)						
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	224,700	251,300	293,800	281,400	257,900	1,309,108
10a	Gross income from interest, dividends,			240			
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
Ь	Unrelated business taxable income (less	1					
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
13	and 12.)	224,700	251,300	293.900	781.400	257900	1,309,100
14	First 5 years. If the Form 990 is for the		a first seemed	third fourth	as fifth toy us	22 11 1 2	F01/2/0
17	organization, check this box and stop he				-	ar as a secuo	
Secti	on C. Computation of Public Suppo			• • • • •	• • • • •		· · · · ⊔
15	Public support percentage for 2022 (line			13 column (f))		15	160 %
16	Public support percentage from 2021 Sc					16	100 %
	on D. Computation of Investment In			• • • • •			700 70
17	Investment income percentage for 2022			ov line 13 colu	ımn (f))	17	%
18	Investment income percentage from 202					18	%
19a	331/3% support tests—2022. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2021. If the organiz						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d					- · ·	_

### Part IV Supporting Organizations N/A

organization was described in section 509(a)(1) or (2).

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Suppor	ting Organizations
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1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.
2	Did the organization have any supported organization that does not have an IRS determination of status
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported

- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 1c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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3)	3b 3c		
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," N n; n	4c		
ly	5a 5b		
o d or	5c		
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e IS	9a		
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it	9c		
n d	10a	D. Call	
О	10b		1000

	e A (Form 990) 2022	Page <b>5</b>
Part	V Supporting Organizations (continued) N/A	
11 a	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	Yes No
С	A family member of a person described on line 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11b
Secti	on B. Type I Supporting Organizations	
		Yes No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2
Secti	on C. Type II Supporting Organizations	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	Yes No
Secti	on D. All Type III Supporting Organizations	
		Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3
Section	on E. Type III Functionally Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstructions).
a	The organization satisfied the Activities Test. Complete line 2 below.	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	T B 8 88 9
с 2	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity. Activities Test. <b>Answer lines 2a and 2b below.</b>	
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Yes No
<b>u</b>	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a
b 	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b

Part	Y Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	gani	izations N/A	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	g tru	st on Nov. 20, 1970 (expl	ain in <b>Part VI</b> ). See
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_ 1_	Net short-term capital gain	1		
_ 2	Recoveries of prior-year distributions	2		
_ 3	Other gross income (see/instructions)	3		
_ 4	Add lines 1 through 3./	4		
_ 5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	/		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c	/	
d	Total (add lines 1a, 1b, and 1c)	1d/		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		8
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		80
5	Income tax imposed in prior year	5		34
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function (see instructions).	ally i	ntegrated Type III suppo	rting organization

Schedule A (Form 990) 2022

Type III Non-Functionally integrated 509(a)(3) Supporting Organizations (continued) N/A					
Section D—Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire/exempt-use assets			4	
_ 5	Qualified set-aside amounts (prior IRS approval required-		VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	th the organization is res	ponsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E-Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	15	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6	A SEE THE STREET OF THE PARTY O	第1967年5月6年3年	翘	
2	Underdistributions, if any, for years prior to 2022		\		
	(reasonable cause required—explain in Part VI). See		1		
	instructions.				at in the State
3	Excess distributions carryover, if any, to 2022			an,	
a	From 2017			100	
b	From 2018				
<u>c</u>	From 2019			6.	
d	From 2020				
e	From 2021		Anni Maria		de distribuit de la companya del companya del companya de la compa
f_	Total of lines 3a through 3e	THE PROPERTY OF THE PARTY OF TH			
g	Applied to underdistributions of prior years	1000		George Control	
<u>h</u> i	Applied to 2022 distributable amount  Carryover from 2017 not applied (see instructions)	the state of the state of the	SECURITION OF ALLE		
<del>-</del>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	<del>                                     </del>			
4	Distributions for 2022 from	50.200000 AV. A.200.404			
7	Section D, line 7:				
а	Applied to underdistributions of prior years		With the Control of t	tiots	
b	Applied to 2022 distributable amount	1	HERMAN CONTRACTOR	50.50	
C	Remainder. Subtract lines 4a and 4b from line 4.	and the same of th			OS DER VIEW STANS
5	Remaining underdistributions for years prior to 2022, if			2000	AUSEO C. BOOKSES AND
•	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h	Charles Hater	THE RESERVE TO THE PARTY OF THE	\	
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.			34	
7	Excess distributions carryover to 2023. Add lines 3j and 4c.			Co.	
8	Breakdown of line 7:				
а	Excess from 2018		Treat of Section 1	1	Mary I most regarded
b	Excess from 2019				1 / Harman Anna
С	Excess from 2020			100	1
d	Excess from 2021 ,		With the same of	(B)	
е	Excess from 2022		物质的加度的农产的有关	200	

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	None
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